

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>12/14</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>67361</i>	<i>4/5/01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>110</i>	<i>5-25-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*8/28/01*